

OFFICE OF THE NEW HAMPSHIRE ATTORNEY GENERAL
CHARITABLE TRUSTS UNIT
33 Capitol Street, Concord, NH 03301-6397

MUST BE COMPLETED
AND ATTACHED TO FILING

APPENDIX TO ANNUAL REPORT

Name of Organization: _____

1. Is there currently a conflict of interest policy in effect? Yes_____ No_____
A Conflict of Interest Policy is required by law (see RSA 7:19 II)

2. Did any officer, Director, Trustee or member of the immediate family obtain a pecuniary benefit from the organization in the last year other than reasonable compensation for services rendered and expenses incurred in connection with their official duties?
Yes_____ No_____

If yes, complete the following:

- A. Was any real estate transaction involved? Yes_____ No_____
- B. Was a loan made to any director, officer or trustee? Yes_____ No_____
- C. Was a pecuniary benefit paid in excess of \$500? Yes_____ No_____
- If yes, attach copy of meeting minutes.**
- D. Was a pecuniary benefit paid in excess of \$5,000? Yes_____ No_____
- If yes, attach a copy of:**
- Public Notice
 - Meeting Minutes
 - Employment Contract

- E. Provide a **list** of each pecuniary benefit transaction involving a director, officer, trustee or member of the immediate family. Include names of recipient(s) and amount(s) of benefit as required under RSA 7:28.

NOTE: The Director of Charitable Trusts may request **copies** of all contracts, payment records, vouchers and financial records or documents involving a director, officer, trustee or member of the immediate family as required under RSA 7:24.

